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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D C 20548

HUMAN RESOURCES
DIVISION

APR 4 1978

Mr. Wallace E Busbee
Acting Deputy Assistant Inspector
General For Audit
Veterans Administration

Dear Mr Busbee

In June 1977, we initiated a followup review of our April 1975 report on the Veterans Administration's (VA's) controls over the use of psychotherapeutic drugs. ^{1/} Because the Department of Medicine and Surgery (DM&S) is still in the process of acting on these recommendations, we are discontinuing further work on this review. However, we want to bring to your attention the nature and status of DM&S's efforts to improve controls over the use of psychotherapeutic drugs which may be useful to you in future audits of VA's health care facilities.

ACTIONS TAKEN BY VA

Although DM&S has initiated actions which may eventually result in controlling the use of psychotherapeutic drugs, it has not fully implemented our recommendations. Because of the important role psychotherapeutic drugs have in the care of psychiatric patients, we believe that DM&S needs to expedite its plans to insure appropriate use of these drugs.

The recommendations contained in our April 1975 report and VA's actions on these recommendations are discussed below.

Establish uniform guidelines for using psychotherapeutic drugs

In July 1975, DM&S redistributed VA's study entitled "Guidelines for Antipsychotic Drug Use" by Drs Prien and Caffey (VA Central Neuropsychiatric Research Laboratory Report No. 95, May 1974). According to central office officials, 15,000 copies of the guidelines,

^{1/}"Controls on Use of Psychotherapeutic Drugs and Improved Psychiatrist Staffing Are Needed in Veterans Administration Hospitals" (MWD-75-47, April 18, 1975).

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which are suggestive not regulatory, were sent to psychiatrists, physicians and other medical personnel at all VA facilities.

Presently, VA is finalizing a new program guide designed to have broad applicability and provide physicians with flexibility essential for the proper management of patients being treated with antischizophrenic drugs. This guide is supposed to update the guidelines prepared by Drs. Prien and Caffey and summarize new information about the use of antipsychotic drugs.

We believe that this is a step in the right direction, and that VA should continue to update these guidelines as more current information becomes available to insure the appropriate use of psychotherapeutic drugs.

Establish a drug utilization review system and require the hospitals to implement it

VA has not established a drug utilization review system and intends to survey psychotherapeutic drug use more extensively before designing such a system.

DM&S is presently planning a comprehensive drug utilization survey for inpatient, outpatient (day treatment centers, day hospitals, and mental hygiene clinics), nursing home care units, and domiciliaries to be carried out from May to September 1978. DM&S hopes this survey will be adaptable to local hospital use and provide a method for providing information to management.

Currently VA is operating a pilot project at the Brockton, Massachusetts VA hospital to determine the effectiveness of a computerized drug monitoring system, the Drug Intake Management and Evaluation System (DIMES). This project is expected to be completed and evaluated by September 1978. DIMES is intended as an aid to the physician by providing information that may be unknown, forgotten, or not recalled in evaluating his current use of psychotropic drugs. The system is designed to provide (1) direct value to the patient, (2) ongoing educational value to the physician, and (3) value to management by providing a large data base for analysis and cost effective review.

On the surface, it appears that DIMES, if implemented VA wide, may implement our recommendations for a drug utilization review system and the monitoring of such a system. We believe VA should expedite the completion and evaluation of this project and determine if this system is effective as a tool for improving psychiatric care.

Design an effective, ongoing educational program

DM&S recently drafted a report on its evaluation of educational approaches for physicians in the use of psychotherapeutic drugs. The purpose of this study was to determine whether education can be instrumental in changing physician prescribing behavior.

The final results of DM&S's study indicated that incidents of inappropriate use of psychotherapeutic drugs had decreased, at least during the study period (October 1975 to July 1977). There were fewer instances of the findings we reported in 1975, for example, less polypharmacy (simultaneous use of more than one drug) and less use of antiparkinson drugs (drugs used to treat Parkinson disease symptoms), both in general and for extended periods of time.

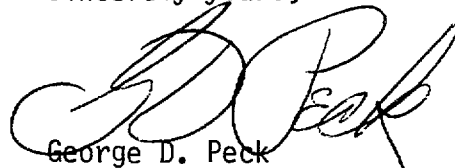
The educational approaches used in DM&S's study such as videotape presentations, current medical literature, results of a previous medical audit, and professional conferences have proved effective on a short-term basis. In a letter dated June 8, 1977, to the Chairman, Senate Committee on Veterans' Affairs, VA's Chief Medical Director stated that VA plans to actively continue educational programs in the future. However, 9 months later we could not find any indications that these programs are continuing on a regular basis.

VA's one-time survey of the effect of educational approaches on physicians prescribing practices is not the type of educational program we envisioned. We believe that VA should design, implement and monitor an educational program that will provide, on a periodic basis, hospital personnel with current medical knowledge on psychotherapeutic drug use.

We appreciate the cooperation and courtesy extended to us by VA personnel during this review.

Please advise us on any actions taken or planned on the matters discussed in this report.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "G. D. Peck", written in a cursive style.

George D. Peck
Assistant Director

cc Dr. John D. Chase